

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

JUN-62-024277

DO NOT WRITE  
ON THIS STUB

AMENDED

JUN 22 1962

Primary Registration District No. 3058

Registrar's No. 168

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST. CHARLES

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. CHARLES

Length of stay in 1b

58 YRS

c. FULL NAME OF (If NOT in hospital, give location)

ST. JOSEPH'S HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST. CHARLES

c. CITY

OR

TOWN

ST. CHARLES

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

#10 PRARIE HAUTE

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

ERNESTINE

Middle

MARIE

Last

EBELING

## 4. DATE OF DEATH

Month

JUNE

Day

19

Year

1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

DEC. 21, 1903

## 9. AGE (last birthday)

58

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

HOME

## 11. BIRTHPLACE (City and state or country)

ORCHARD FARM MO.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

THEODORE SCHROEDER

## 13b. MOTHER'S MAIDEN NAME

WILHELMINA MEYER

## 14. NAME OF HUSBAND OR WIFE

SESTER EBELING

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

SESTER EBELING

## Address

ST. CHARLES, MO

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Terato carcinoma of ovary

## INTERVAL BETWEEN ONSET AND DEATH

2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from April 28, 1962 to June 19, 1962 and last saw her alive on June 19, 1962

Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Eugene J. Canty, M.D.

(Degree or title)

## 22b. ADDRESS

114 W. Main St. St. Charles, Mo

## 22c. DATE SIGNED

June 24, 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

22 JUNE 1962

## 23c. NAME OF CEMETERY OR CREMATORY

LUTHERAN CEMETERY

## 23d. LOCATION (City, town, or county)

ST. CHARLES

## (State)

MO

## 24. FUNERAL DIRECTOR

PRINSTER-BAUE

## ADDRESS

ST. CHARLES, MO.

## 25. DATE RECD. BY LOCAL REG.

6/22/62

## 26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 24 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.